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PLACE WINSTOW, AT 2002A 19. EMBALMER (SIGNATURE J. M. Drumm DECEASED? FUNERAL DIRECTOR Winslow Arizons. NATURE OF INJURY 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATE DECEASED? DECEASED? (SIGNED) Arizons	ا	(ADDRESS)				
19. EMBALMER (SIGNATURE J. M. Drumm) FUNERAL DIRECTOR Winslow Arizons. 19. EMBALMER (SIGNATURE J. M. Drumm) FUNERAL DIRECTOR Winslow Arizons. (SIGNED)	18.	Winslow Ariz DATE 1-5-50, 19				
FUNERAL J. M. Drumm DIRECTOR Winslow Arizons. SIGNATURE DECEASED? DECEASED? IF SO, SPECIFY VINOR DIVINOR ARIZONS. (SIGNED) ARIZONS	PL	COSA		NATURE OF INJURY IN ANY WAY RELATED TO OCCUPATION		
FUNERAL J. M. Drumm DIRECTOR Winslow Arizons, (SIGNED) Winslow Arizons	10	LICENSE NO. T 31 DESITOR		24. WAS DISEASE OF MOUNT		
Minslow Arizona, (signed) Arizona	u ·	EMBALINE (SIGNATURE	· 	DECEASED		
			izona.	 11	warmorlow.	
20. FILED 3 - 5 19 36 REGISTRAR (ADDRESS) BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION OF CERTIFICATE TO BE USED FOR ADDITIONAL INFORMATION OF CERTIFICATE TO BE USED FOR ADDITIONAL INFORMATION OF CERTIFIC		ADDRESS		(SIGNED)	Winslow, Ariz	OUS
BACK OF CERTIFICATE TO BE USED			REGISTRAL	(ADDRESS)	- USED FOR ANY ADDITION	AL INFORMAT
	120.	FILEU		BACK OF CERTIFICATE	LO BE OSEM	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Camation should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPACAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPACAUSE.

IOM-11-22-34-REP-GAZ PRINTERY-FORM